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THE MONTANA STATE PLAN

FOR

COMPREHENSIVE MENTAL HEALTH

SERVICES

(ADDENDUM)

July 15, 1980

Plan Period

July 1, 1976 - June 30, 1981

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STATE PLAN FOR

COMPREHENSIVE MENTAL HEALTH SERVICES

GENERAL INFORMATION

DEPARTMENT OF INSTITUTIONS
(Designated State Mental Health Agency)

Lawrence M. Zanto
(Director)

Hon. Thomas L. Judge
(State Chief Executive Officer)

Public Review Period June 1, 1980 to July 1, 1980

Certification for Approval Thomas L. Judge
(Hon. Thomas L. Judge - Governor)

Public information concerning
this plan and public comment on
plan contents should be addressed to:

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I. Introduction

The FY 1981 State Mental Health Plan is an extension plan, that is, an extension of the larger more permanent five year plan (1976-1981). This special introduction does not supercede the permanent plan introduction and is a prelude to the new five year plan to be developed in FY 1982.

The structure and contents of this plan will reference the 1980 plan and specifically delineate the interim plan requirements: the results of the annual review, a report of progress in the implementation of stated goals and objectives, any changes in the information previously submitted, and the goals and objectives for 1981.

The Community Mental Health Centers Act (P.L. 94-63) in conjunction with the National Health Planning and Resources Development Act (P.L. 93-641) requires the state mental health authority to submit an annual plan which specifically meets the criteria promulgated by both statutes.

I. CHANGES IN INFORMATION PREVIOUSLY SUBMITTED

- * Each section references the page number of the 1980 state plan.

A. The Native American Population - (Ref. p. 49)

The two major minority groups in Montana are Native Americans and people of Spanish origin. Concerning the latter, the 1970 census report lists 7,771 out of a total population of 694,000 or 01 per cent. A later study of population characteristics by the Bureau of Census reported 6,000 Spanish origin individuals (those with Spanish surnames) in Montana in 1976 out of a total population of 747,000. It should not be inferred from this that the population is decreasing since most knowledgeable observers feel the opposite, but rather that accurate figures are hard to determine.

The major minority group in Montana is the Native American. The exact size of this group is also difficult to ascertain. The 1970 census estimates Indian population in Montana as 27,130 for both on and off reservation Indians. A 1974 study done by the Urban Management Corporation determined that a conservative estimated population of Montana Indians was 36,710.[1] The most recent figure obtained from the Indian Affairs Unit of the Department of Community Affairs is 45,000 based upon '78 tribal enrollment and membership in the Montana United Indian Association (MUIA). Based upon the Bureau of Census '78 report of 785,000 for Montana's resident population, this provides a 6% figure for Indians in the state.

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[1] Profile of Montana Native American, Office of the Governor, Helena, Montana 1974, p. 17.

The foundation for Montana's sizeable Indian population are the seven nationally recognized reservations located within the borders of the State (See Attachment 1). A list of these reservations includes the following: Blackfeet, Crow, Flathead, Fort Belknap, Fort Peck, Northern Cheyenne and Rocky Boy: the respective tribes represented by these reservations are: the Blackfeet Tribe, the Crow Tribe, the Confederated Salish and Kootenai Tribes, the Gros Ventre and Assiniboine Tribes, the Assiniboine and the Sioux Tribe, the Northern Cheyenne Tribe, and the Chippewa Cree Tribe, and those persons known as Chartered Landless Indians (any Indian individual who is not affiliated with a federally recognized tribe.)

There is high mobility among Indians within Montana between reservations, rural towns and other off-reservation cities. Job seeking accounts for most of the movement away from the economically deprived reservations to Montana cities. The result is that at any given time roughly half of the state's Indian population is residing at locations away from the reservations with the major concentration of these off-reservation Indian peoples in the cities served by MUIA's Indian Alliance Centers. MUIA's eight alliances have documented the presence of 12,000 Indians living off reservations in the eight cities served by the Alliances. The director of the Federal Office of Native American Programs has indicated that the rate of movement away from reservations to cities is increasing nationwide and Montana is no exception.

Included among this off-reservation Indian population are the young, the job seekers, and in keeping with the cultural traditions of the Northern Plains Indian -- the old.

"Mental health services are a top priority with all tribes and individuals contacted on the reservations. Mental health services staffed with competent professional people, who are aware of and sensitive to the special needs of the Indian people, are desired on each of the reservations."[2] In almost all incidences, if these services are available, they are only on a part-time or temporary basis and the providers are not usually sensitized to the Indian peoples.

As an Indian in this age of "self-determination," the strain of having to live within two different societies often causes much more strain than can be coped with. Suicide rates for Montana Indians in 1972 were approximately 2 1/2 times that for the nation, (Urban Management Consultants, 1974). This, as well as all other stress brought on by the strain, pressure and tension of reservation conditions, demands that mental health services be offered in an effective and workable manner on all the reservations.

Indian clients made up 5.0% of the total served in 1979. (See attachment 2). Mental health services generally are not offered on a full-time basis on reservation or adjacent areas. If the services were full-time, the number of Indians utilizing the services would be greater. Community mental health centers have taken new approaches to extending more services to Native Americans living on reservations. These services include the placement of CMHC workers on reservations and providing training for indigent Native American social service workers. However, these efforts continue to be prevailed upon by shortages of manpower and funding resources.

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[2] "Social Conditions of Montana's Seven Indian Reservations: Title XX Needs Assessment, 1977.

In a recent report from Region VIII, the National Institute of Mental Health commended the mental health centers for efforts made to serve Native Americans in their catchment areas, but recognized that more needs to be done for Indians in Region VIII. The Institute offered technical assistance in expanding and increasing services for this segment of the population. See Attachment 3 for data extrapolated from this report concerning Montana.

Mental health problems also contribute to the increased demand for other types of services, such as: alcohol and drug rehabilitation services, youth services, and services received by individuals who are unable to cope with a variety of situations.

As was already mentioned, mental health services is a top priority of almost all concerned individuals on Montana's Indian reservations.

At the Department of Institutions two projects have been developed to serve the off-reservation Indians in Montana. The Manpower Development Unit of the Mental Health and Residential Services Division and the Montana United Indian Association initiated a mental health assessment of all eight (8) Indian Allianc Offices in the state (i.e., Helena, Billings, Great Falls, Butte, Missoula, Anaconda, Havre and Miles City) of the needs of elderly Native Americans living off the reservations. This study is in process and the results should be available in June 1980. As with the chronically mentally ill, it was felt very little was known of the Indian elderly and their mental health needs. This is seen as a first step in mounting an ongoing program to develop needed services for this population at risk.

A second project is the M.U.I.A. Program to train and employ Indian paraprofessionals to work out of the eight (8) Indian Alliance Offices and receive case management from the mental health centers in serving the mental health needs of the off-reservation Indian.

The needs, resources available, and specific services required by the chronically mentally ill must be extensively addressed in Montana.

In the technical proposal for year 02 of Montana's Community Support Project objective 1 for the local administrative agency reads as follows:

> "Establish liaison person within Indian Health Services to monitor Region III Indian admissions to and from Warm Springs State Hospital and other regional inpatient facilities by March 15, 1979. Responsible person: Region III Coordinator."

In the program Development Strategy paper of March 20, 1979 the same objective is quoted and enlarged to include the other six Indian reservations by July, 1981. An additional objective (#2) stated:

> "By November, 1979, the judicial process regarding commitment of Native Americans to inpatient psychiatric facilities will be clarified." Responsible person: CSP State Coordinator.

B. The Community Support Program - (Ref. p. 16)

The Community Support Program has implemented the services

to chronically mentally ill model in the South Central and Eastern Montana Community Mental Health Centers. This year the model will continue to refine the services in these two regions as well as develop a similar model in the Northcentral and Western Montana Community Mental Health Centers.

C. Day Treatment and Other Partial Hospitalization Services - (Ref. p. 37-41)

Work training has become a basic therapy ingredient to be developed in some community mental health centers.

The day treatment facilities are available five days a week.

The South Central Community Mental Health Center has developed a formalized program specifically for the elderly.

D. Volunteer Services - (Ref. p. 49) NEW SECTION

All community mental health centers are exploring and developing more creative approaches to volunteer services. In Region V more than 2000 hours are annually volunteered in the center's program. Region III has received a federal grant for using the skills of community volunteers in direct patient care, particularly older adults and chronically ill people. Seventeen volunteers in Region II contributed to the children's program, day treatment and social club activities.

In sum, the state has over 100 volunteers providing valuable skills, time and caring in mental health services.

E. Manpower - CSP Collaboration - (Ref. p. 76c)

There are a number of specific examples of collaboration between Montana's Manpower and Community Support Projects.

1) Cooperative development of the staff development program at the Center for the Aged.

2) Co-sponsorship of the Mental Health and the Law Conference.

3) Attendance by a Manpower staff person at all statewide CSP staff conferences.

4) Assistance by two Manpower staff persons in the development of the CSP manpower plan.

5) Ongoing reciprocal consultation and technical assistance between the Projects' evaluators.

6) Initial planning of a jointly sponsored training event for day treatment personnel.

7) Cooperative development involving Manpower, CSP, and the Region III Community Mental Health Center of a successful grant application for a volunteer program.

This list of examples represented significant cooperation and collaboration between the two units. It does not, however, reflect adequately the reality of the collaborative process and the shared philosophy supporting that process. As the Manpower and CSP Units have become fully functioning components in the overall state mental health program, the great extent to which the projects share not only a philosophy of mental health services, but also specific goals and resource requirements, has become obvious.

The Manpower Project perceives its mission as a good deal more than just providing training for mental health professionals. The Project is, in a number of ways, attempting to test the limits of what it is that constitutes mental health manpower. Activities relating to paraprofessionals, volunteers, natural providers, the Mental Health Association, and governing/advisory boards are part of an attempt to better understand and use a wider variety of manpower resources. A major focus of the Manpower Project is, therefore, the strengthening of the manpower aspects of Montana's community support sytem.

The extent to which the CSP Unit is cognizant of manpower issues is reflected in the federal definition of community support system:

> "A Community Support System is a network of caring and responsible people committed to assisting a vulnerable population to meet their needs and develop their potential without being unnecessarily isolated or excluded from the community. The people in this network must have appropriate skills, facilities and resources at their disposal in order to accomplish this goal".

Like the Manpower Project, the CSP Unit is committed to expansion of the entire concept of mental health services to include those resources, manpower and otherwise, which can be used to help support the chronically mentally ill as non-restrictively as possible. Specific areas of interest include volunteer, paraprofessional, and natural provider utilization as well as the development and/or strengthening of consumer advocacy groups.

That the CSP and Manpower Units are able to freely share ideas and exchange information is in large part a result of the two projects' full integration into the Division of Mental Health. The Division functions as a single unit, with distinctions between CSP and Manpower and other Division personnel made only to clarify areas of responsibility, not to limit access to information or to opportunities for impact upon decision making.

F. Governor's Advisory Council - (Ref. p. 19)

The Governor's Advisory Council was not funded through the Governor's Office for the 1980 - 81 biennium. However, its funding is through the Mental Health and Residential Services Division, Department of Institutions. Henceforth, the council is now the Mental Health Advisory Committee. Its membership has been decreased to seven members. (See attachment 4)

G. Funding of community mental health centers - (Ref. p. 31)

The community mental health center actual expenditures for 1979 and estimated for 1980 are shown in Table I on page 13 .

H. Warm Springs State Hospital Admissions - Discharges statistics - (Ref. p. 34a)

I. Warm Springs State Hospital - Patients by Special Unit - (Ref. p.52)

J. Alcohol Services - (Ref. p. 42)

Alcohol and drug plans were developed by each of Montana's counties. A standardized planning format was used so that similar areas of need could be pinpointed. Preparation of the annual state plan for alcohol and drugs is based on needs and information identified in county plans.

There are currently 44 alcohol treatment programs in Montana. Types of patient services include: detoxification care, inpatient care, intermediate care, transitional living and outpatient care. Outpatient alcoholism services are available in all counties.

The Southcentral Mental Health Center is "state-approved" for the provision of outpatient alcoholism services in Yellowstone, Carbon and Stillwater Counties.

Administrators of the Alcohol and Drug Abuse Division and the Mental Health and Residential Services Division insure that a coordinated planning effort for community based service delivery is an ongoing process between the Division's staff. An example of this coordinated effort is in the planning and conducting of on-site program reviews. Evaluation sections of both Divisions have worked out a coordinated evaluation schedule so they can evaluate community agencies jointly providing both mental health and alcohol services.

K. Drug Services - (Ref. p. 43)

The Alcohol and Drug Abuse Division, in accordance with the Montana Comprehensive Plan for Alcohol and Drug Abuse Prevention, Treatment and Rehabilitation, proposes to convert the existing Southwestern Montana

Drug Program federal grant (#5 H80 DA 0101-08) to part of the Statewide Services Grant program by April 1, 1980.

The Division is also requesting that drug programs in Great Falls and Billings, Montana's two metropolitan areas, be allowed to increase their slot capacities (the maximum number of active clients a program is to maintain at any one time under the grant or treatment contract. Slot capacity represents the number of clients which Federal and matching funds can support) to 40. Rimrock Drug Program in Billings is currently contracted under the Statewide Services Grant, for 28 slots and Providence Drug Center in Great Falls for 20, however, these are not sufficient for the area served by these two programs. As stated in the FY80 State Alcohol and Drug Plan, it is a Division priority that, based upon documented need, slots be increased for Billings and Great Falls.

The Flathead Valley Chemical Dependency Services in Kalispell, an existing alcohol program, has submitted a proposal to the Division justifying the need for drug services in northwestern Montana. The program has requested 20 outpatient slots which is included as part of this grant application. As stated in HB 483, enacted by the Montana Legislature July 1, 1979, all expansion of drug services using existing alcohol programs is also in accordance with the 1979 Montana Health Systems Plan which recommends that "Drug programs and alcohol programs be combined. These programs should be substance abuse or chemical dependency programs."

The proposed treatment capacity and slot costs, under this grant application, for Montana are:

Number of Slots Requested	Total	Cost Per Slot
420 Drug Free Outpatient	$ 1,014,085	$ 1,932
10 Drug Free Residential	811,844	5,670

Table I

Community Mental Health Center Funding by Region

Actual FY 79	Region I	Region II	Region III	Region IV	Region V	Total
Federal	$187,361.35	$631,816.00	$485,279.60	$218,969.00	$120,421.00	$1,643,846.95
County	45,111.00	99,450.00	105,673.00	265,947.21	43,643.70	559,824.91
Program Income & Reserves	181,833.82	369,162.55	484,869.79	305,395.12	202,205.46	1,543,466.74
State	575,227.78	578,219.00	672,893.00	561,691.00	494,966.56	2,882,997.34
TOTAL	989,533.95	1,678,647.55	1,748,715.39	1,352,002.33	861,236.72	6,630,135.94

Budget FY 80						
Federal	181,921.00	589,695.00	411,084.00	208,025.00	147,054.00	1,537,779.00
County	51,000.00	147,538.00	102,340.00	375,953.00	55,268.00	732,099.00
Program Income & Reserves	265,556.00	601,366.00	593,975.00	289,840.00	295,454.00	2,046,191.00
State	610,410.00	563,464.00	832,140.00	625,698.00	560,000.00	3,191,712.00
TOTAL	1,108,887.00	1,902,063.00	1,939,539.00	1,499,516.00	1,057,776.00	7,507,781.00

H. WARM SPRINGS STATE HOSPITAL ADMISSION-DISCHARGE STATISTICS

Calendar Years 1978 and 1979

	REGIONS											
ADMISSIONS	I		II		III		IV		V		TOTAL	
	78	79	78	79	78	79	78	79	78	79	78	79
Types:												
First Admissions	20	32	37	32	40	37	113	92	59	55	266	248
Re Admissions	26	27	30	44	31	32	132	136	48	51	268	290
Others	60	67	101	101	76	111	260	362	189	147	686	788
Placement Returns	1	0	2	1	0	0	8	2	0	29	11	4
Kinds:												
Court Order	12	16	36	45	31	31	67	69	96	5.	242	212
Court Order Eval.	4	7	12	12	17	6	29	17	23	14	85	56
Emergency	4	3	0	0	0	2	12	27	2	5	18	37.
Transfer	1	0	1	1	0	1	0	0	1	0	3	2
Voluntary	57	44	80	81	64	105	336	395	126	125	663	750
Involuntary	29	56	41	39	35	35	69	84	48	59	222	273
TOTAL ADMISSIONS	107	126	170	178	147	180	513	592	296	254	1233	1330
DISCHARGES												
Discharges	44	53	58	56	51	53	211	180	85	76	449	418
Home Visit-CR-AWOL	51	44	85	85	68	95	243	337	185	133	632	694
Home Visit Placement	2	5	7	3	4	7	9	22	8	10	30	47
Death	1	0	3	1	2	1	7	2	4	0	17	4
Transfer	22	33	34	33	23	27	65	67	38	40	182	200
TOTAL RELEASES	120	135	187	178	148	183	535	608	320	259	1310	1363
IN-HOSPITAL CENSUS As of 12-31-79	45	37	48	47	63	59	125	113	68	60	349	316

Source: Daily W.S.S.H. Admission and Discharge Sheets

I. WARM SPRINGS STATE HOSPITAL
PATIENTS BY SPECIAL UNIT

January 21, 1980

	BED CAPACITY	PRESENT RESIDENTS MEN	WOMEN
Children's Program	35	18	10
Extended Care	117	87	52
Forensic and Retarded	75	49	9
Geriatric	60	14	22
Intake	24	10	2
Pre-Release	24	2	2
Short Term	68	27	17
TOTAL	465	207	114

Total Patients in Hospital 1/21/80 - 321

Total Patients in Hospital 7/1/75 - 904

II. Annual Review and Progress Report on 1980 Goals and Objectives

A. Mental Health and Residential Services Division Progress Report

During the 1980 year there were 25 objectives attached to 4 major goals. Of these objectives, 16 were accomplished, 7 were partially accomplished and 2 were not accomplished.

The following is an overview of the goals and objectives for 1980.

GOAL #1

To preserve and maintain the orderly development of a unified and integrated statewide mental health service delivery network which would include both public and private organizations and individuals serving the mentally disturbed or disabled.

OBJECTIVE #1

By December 30, 1980, to encourage, plan for and develop a stable long-range view of what the statewide mental health service delivery network should be 5 years hence. The planning process should include the following concepts:

a) a single state plan for mental health services;
b) a stable funding base for implementing the mental health plan; and
(responsible organization - MHRSD)
c) legislation and/or administrative act necessary to implement the above. (responsible organization: Governor's Office)

RESULT

- Partially accomplished. A completely new and revised State mental health plan, with input from the mental health centers, the residential institutions, private providers and the Mental Health Advisory Committee will be completed by June 1, 1981. This document will include a five-year projection for the statewide mental health service delivery network. Since a stable funding base is contingent upon Congress, the state legislature, and county commissioners wherein variance of mood determines the funding, the development of a stable funding base was not achieved and will be discontinued as a formal objective.

OBJECTIVE #2

By October 1, 1979 an ad hoc interagency planning and policy committee will be established to formally delineate the specific roles and responsibilities of each unit within the mental health service delivery system to include all mental health services with particular emphasis on care of chronically mentally ill. Consequent to identification of roles and responsibilities interagency policies and procedures will be developed as needed to facilitate ongoing operation of the overall service delivery system. It is anticipated that members of the committee will include Superintendents, CMHC Directors/Board members, representatives from Governor's Office and Department of Institutions staff, Social and Rehabilitation Services, the Mental Health Advisory Committee, representatives of the Montana Psychiatric, Medical and Psychological Association, the Mental Health Association and representatives of other private sector organizations. The committee will meet at least quarterly during FY 1980. (Responsible organization: MHRSD)

RESULT

- Not accomplished. No ad hoc interagency planning and policy committee has been established to formally delineate the specific roles and responsibilities of each unit within the mental health service delivery system. However, it is expected that this will be done by March 15, 1981 as outlined in the new goals and objectives for the division.

OBJECTIVE #3

By September 30, 1979, the Community Support Project shall perfect and further develop and demonstrate a model for helping the severely mentally disabled adult in the South Central Montana Mental Health Center. Also, on 7/1/79 the Community Support Project will begin program development for this sector of the population in Region I, Eastern Montana Mental Health Center.
(Responsible organizations: MHRSD, SCMMHC and EMMHC)

RESULT

- Accomplished. Demonstration models for helping the severely mentally disabled adult have been established in Regions I and III by the Community Support Project.

OBJECTIVE #4

By December 1, 1979, have a meeting of Health Systems Agency planners, Department of Health and Environmental Sciences, Division of Alcohol and Drug Abuse and representatives of the Mental Health and Residential Services Division to plan for development of a single state plan for mental health services. (Responsible organization: MHRSD)

RESULT

- Accomplished. Three meetings were held between representatives from the Mental Health and Residential Services Division, the Health Systems Agency, the Department of Health and Environmental Sciences, and the Division of Alcohol and Drug Abuse to plan for the development of a single state plan for mental health services. It was found this could not be accomplished at this time.

OBJECTIVE #5

A completely new and revised state plan developed with input from the community mental health centers, the residential institutions, private providers and the Mental Health Advisory Committee, will be completed by June 1, 1980. (Responsible organization: MHRSD)

RESULT

- Accomplished. This year an interim State mental health plan will be developed by June 1, 1981.

OBJECTIVE #6

By October 1, 1979, a Mental Health Advisory Committee, consisting of a majority of mental health consumers, will be created as an advisory body to the Mental Health and Residential Services Division. (Responsible organization: MHRSD)

RESULT

- Accomplished. Nominees for a mental health advisory committee have been chosen but have yet to be confirmed by the Department of Institutions director and governor. This objective will be completed by June 15, 1980.

GOAL #2

To promote and provide high quality developmental and habilitative services within state administered and private non-profit programs which emphasize services to the following population groups: chronically mentally ill, children, elderly, unserved and underserved and acutely mentally ill.

OBJECTIVE #1

Between 7/1/79 and 6/30/80 all patients at Warm Springs State Hospital, Galen State Hospital, and the Center for the Aged will be reviewed on an ongoing basis to determine appropriateness of current placement. Specific plans, including time tables, will be established for transfer of those patients determined to be currently inappropriately placed to facilities appropriate to their individual needs. (Responsible organization: MHRSD)

RESULT

- Accomplished. Patients at Warm Springs State Hospital, Galen State Hospital and the Center for the Aged are being reviewed on an ongoing basis to determine appropriateness of each patient's current placement. Thirty-five patients were transferred from Warm Springs State Hospital to Galen as deemed appropriate.

OBJECTIVE #2

Between 7/1/79 and 6/30/80 a multi-discipline team will continue to function on a quarterly basis for purposes of peer review, and/or quality assurance of professional care and treatment at WSSH. (Responsible organization: WSSH and Center for the Aged)

RESULT

- Accomplished. A multi-discipline team at Warm Springs State Hospital provides for peer review and/or quality assurance of professional care and treatment. This process will be ongoing and quarterly reports will be sent to the division.

OBJECTIVE #3

By June 30, 1980 the annual site evaluation will have been completed on all CMHCs. These reviews will include assessment of Center plans for the following target groups; elderly, seriously emotionally disturbed children, chronically mentally ill, Native Americans. Additional considerations will be given to Center provision of:

a) a continuum of community based transition and/or group care facility development in each catchment area to provide appropriate living arrangements for mentally ill clients, so that on 5/1/80 no more than 10% of the adult population at WSSH will be on waiting lists for community mental health residential care.

b) Daycare treatment: By June 1980, each CMHC day program will be placing emphasis on the following 3 areas: community living skills, job seeking skills and social skills.

c) *By January 1980, each catchment area will have developed a formal ongoing relationship through close interaction with existing mainstream agencies for the purpose of providing a training and employment assistance program for the chronically mentally ill client.*

RESULT

- Accomplished. Each community mental health center has received an indepth review of client records, organization and program management, personnel management and aftercare services. Also, services to particular populations were assessed and reported in each community mental health centers site evaluation.

  a) Partially accomplished. On 2/1/80, 15% of the adult population at WSSH were on waiting lists for CMHC residential care.

  b) Partially accomplished. Three CMHCs have developed initiatives for providing community living, job seeking and social skills for patients in day treatment.

  c) Partially accomplished. Employment assistance programs for chronically mentally ill have been developed in two CMHCs. This objective will be continued in the 1981 plan.

OBJECTIVE #4

By December 1, 1979 an intensive care facility for severely emotionally disturbed children will have been established.
(Responsible organization: OBPP, MHRSD and CMHC)

RESULT

- Accomplished. An intermediate residential care facility for seriously emotionally disturbed children has been established in Great Falls.

OBJECTIVE #5

By June, 1980 a preliminary meeting with the community mental health centers will be held to develop an action plan and request for financial support to be submitted to the 1981 Legislature.

RESULT

- Accomplished. Mary North, Citizens' Participation Administrator for the South Central Montana Mental Health Center, will coordinate the development of an action plan and request for

financial support to be submitted to the 1981 Legislature.

OBJECTIVE #6

During FY 1980, the Interagency Screening Committee on Emotionally Disturbed Children will continue to review all referrals of emotionally disturbed children to residential institutions operated or paid for by state funds.

RESULT

- Accomplished. The Interagency Screening Committee on Emotionally Disturbed Children continues to review all referrals of emotionally disturbed children to residential institutions operated or supported by state funds.

GOAL #3

To promote mental health for all citizens of Montana and to increase and improve services to mentally ill persons through: increased consultation services, increased public knowledge of mental health services, increased preventive activities and improved manpower development and training.

OBJECTIVE #1

All CMHCs will have delegated to a person by September 1, 1980, the responsibilities for a Consultation and Education program that incorporates aggressive reaching out to other human service groups in the catchment area. (Responsible organization: CMHCs)

RESULT

- Accomplished. All community mental health centers have designated a person or committee to be responsible for a consultation and education program.

OBJECTIVE #2

By June 30, 1980, 2 workshops will have been held between mental health service providers and correctional workers to address such issues as commitment procedures, discharge policies and interrelationships between the two fields. (Responsible organization: MHRSD)

RESULT

- Partially accomplished. One workshop between mental health service providers and correctional workers was held in October in Missoula. A second workshop is not planned.

OBJECTIVE #3

By June, 1980 the MHRSD will have conducted one joint public information activity with the Mental Health Association of Montana. (Responsible organization: MHRSD and MH Association)

RESULT

- Accomplished. With the support of the Mental Health and Residential Services Division, the Mental Health Association of Montana presented a statewide television program on stress, using the National Mental Health Association film, "Learning to Cope".

OBJECTIVE #4

Between July 1, 1979 and June 30, 1980, the Mental Health and Residential Services Division will provide periodic releases to local news media on various aspects of mental health in Montana. (Responsible organization; MHRSD)

RESULT

- Accomplished. The Mental Health and Residential Services Division has provided periodic news releases to local news media.

OBJECTIVE #5

By January 1980, an initial assessment of specific manpower needs for Montana with established priorities for implementation will be effected.

RESULT

- Partially accomplished. A general assessment of specific manpower needs for Montana has not been conducted. However, individual needs assessments have been done. Specifically, needs assessments of off-reservation elderly Indians, case management in rural communities, training needs of community mental health center administrators and satellite directors and staff development needs at the Department of Institutions have been conducted by the Manpower Project of the Mental Health and Residential Services Division.

OBJECTIVE #6

Between 7/1/79 and 6/30/80 the Mental Health and Residential Services Division will provide technical assistance to mental health centers and institutions as needed.

RESULT

- Accomplished. To date, the Mental Health and Residential Services Division has provided technical assistance to Boulder River School and Hospital, Eastmont Human Services Center, Residential Intermediate Treatment Zone in Great Falls, the Center for the Aged, the Veterans Home and Galen State Hospital.

GOAL #4

To provide a unified comprehensive mental health network of services which establishes and enforces quality of care standards, is efficient and based on specific area needs, is cost-effective and financially accountable, and is evaluated and reported upon.

OBJECTIVE #1

By January 1980, MHRSD and CMHCs will have reviewed and updated the uniform management information system that includes patient and financial data. (Responsible organization: CMHC Boards, MHRSD)

RESULT

- Accomplished. The final draft of a uniform management information system for the community mental health centers has been approved by the Governor's Office of Budget and Program Management.

OBJECTIVE #2

By September 1979, each Center having participated in the development of a standards document for CMHC services will have developed an agreed upon basis for establishing a minimum level of compliance with the standards. (Responsible organization: MHRSD)

RESULT

- Partially accomplished. An agreed upon basis for establishing a minimum level of compliance with the standards for the community mental health centers has not yet been formulated, although it is expected that this will be completed by June 1980.

OBJECTIVE #3

During FY 1980, MHRSD will utilize the above standards in the annual site evaluation of the CMHCs. (Responsible organization: MHRSD)

RESULT

- Accomplished. The standards will be utilized in the annual site evaluations of the community mental health centers in 1981.

OBJECTIVE #4

During FY 1981, MHRSD in cooperation with CMHCs, will establish a basis and schedule of penalties to be applied in event of non-compliance. (Responsible organization: MHRSD and CMHCs)

RESULT

- No attempt has yet been made to establish a basis and schedule of penalties to be applied to the community mental health centers in the event of non-compliance. This is a Fiscal 1981 objective.

OBJECTIVE #5

During FY 1980, the MHRSD will develop quarterly and a year-end report on achievement of goals and objectives in the '80 State Plan. The reports shall be distributed to all relevant mental health organizations and agencies and specifically to CMHCs. Governor's Office, Regional NIMH Office, Board of Visitors, Director of Department of Institutions, Mental Health and Residential Services Division staff, Mental Health Advisory Committee, Superintendent of WSSH and HSA.

RESULT

- Accomplished. The Mental Health and Residential Services Division continues to develop quarterly and year end reports on the achievement of the goals and objectives in the 1980 State Plan, via the five community mental health centers and institutions.

B. Manpower Progress Report

During the 1980 year the Manpower established two major goals to be achieved through 10 objectives. Of these objectives 5 were accomplished, 3 were partially accomplished, 2 were not accomplished.

The following is an overview of the Manpower goals and objectives for 1980.

GOAL #1

To improve coordination with both public and private agencies which will result in long-range policy agreements impacting upon mental health service. Such agreements will influence the production, regulation, utilization, deployment, retention, and evaluation of mental health personnel.

OBJECTIVE #1

Leadership Development - To present two major workshops; one, for state level staff, and one for CMHC satellite directors, designed to improve management capability.

RESULT

- Partially accomplished. The Manpower Project contracted Mr. David Sibbet, communications consultant, to provide a 2-day workshop for the Mental Health and Residential Services Division staff. The workshop aided the Division in developing a better conceptualization of its role and function.

OBJECTIVE #2

System Cooperation - To coordinate manpower activities with the State's Community Support Project program, the state hospital and other institutions as appropriate, as well as the Mental Health and Residential Services Division, and the community.

RESULT

- Partially accomplished. The Manpower Project coordinated a 2-day workshop between the state hospital and the Center for the Aged. In addition three joint activities between

Manpower and the Community Support Project included two gerontology workshops and a law seminar.

OBJECTIVE #3

Advisory Board Development - To strengthen Regional Governing and Advisory Boards through training seminars designed to build upon mental health knowledge and values; with a special focus upon role clarification and function.

RESULT

- Not accomplished. Training seminars were not conducted for the regional governing boards. However, three manpower staff were assigned as liaisons from the Mental Health and Residential Services Division which serves as a forerunner to the objective to provide inservice training to governing boards.

OBJECTIVE #4

Prevention Through Education - In conjunction with the Mental Health Association, to work cooperatively with a variety of agencies to promote the mental health of children, the elderly and underserved populations through prevention.

RESULT

- Accomplished. The Manpower Project and the Mental Health Association cooperatively presented the film "Learning to Cope" to audiences totaling 200,000 people during the year. This film was generally followed by a panel discussion which promoted mental health and gave it greater visibility throughout the state.

OBJECTIVE #5

Licensure Policy Change - To develop and establish standardized criteria for program licensure, facility licensure and clinical personnel licensure, with categorical standards for each discipline.

RESULT

- Partially accomplished. Manpower staff participated in several meetings concerned with program, facility and clinical personnel licensure. Presently these committees are still developing policy and procedures for clinical personnel licensure. The Department of Health will be responsible for program and facility licensure.

GOAL #2

To implement specific training and educational programs that address themselves to immediate manpower gaps in Montana.

OBJECTIVE #1

Pre-Service Education - To maturate a contractual arrangement with the University of Montana to provide in-state training of pre-doctoral psychology students.

RESULT

- Accomplished. The Manpower Project has negotiated a contract with the University of Montana to place three pre-doctoral students in a rural and highly impacted population area in the Eastern Montana Community Mental Health Center.

OBJECTIVE #2

Education and Development - To broaden the mental health network continuing education needs to include institutions, CMHCs, primary providers, (e.g. doctors and clergy), private providers, natural providers, and state mental health staff. Utilizing matching of identified needs with existing resources and opportunities.

RESULT

- Accomplished. The Manpower Project has been instrumental in developing inservice training on gerontology, law, and CPR for over 350 people in Montana. In addition they assisted CMHCs by providing technical assistance to four completed projects in the state.

OBJECTIVE #3

Paraprofessional Incorporation - To incorporate into the existing mental health system trained paraprofessionals with specialized education and field experiences that emphasize rural outreach and relationship skills that engage the mental health needs of minority populations.

RESULT

- Accomplished. The Manpower via the CMHCs implemented one major activity which resulted in paraprofessionals providing services to minority populations. Assistance in writing and processing a five year grant through the Montana United Indian Association resulted in a collaborative interchange with CMHCs in seven cities. Nine paraprofessionals entered this mental health training program.

OBJECTIVE #4

Volunteer Integration - To develop a comprehensive statewide volunteer system which allows for unique regional and local variations.

RESULT

- Partially accomplished. The project assisted the South Central Montana Community Mental Health Center is securing a demonstration grant for volunteers to serve the elderly and chronically mentally ill, however a comprehensive statewide volunteer system remains to be developed.

OBJECTIVE #5

Natural Provider Development - To develop and maintain natural provider training in the use of communication and basic helping skills and knowledge and use of referral sources, toward consistent utilization and retention of these key persons and groups in the community.

RESULT

- Not accomplished. Although several efforts have been made to determine the utilization of natural providers, an active and demonstrable model for natural provider, e.g. business people, training remains undeveloped.

C. Community Support Project Progress Report

GOAL

The major goal for the Community Support Project was to continue developing and testing methods for Community Support System development in the demonstration area, and elsewhere in the state.

Eight major objectives were established to be accomplished during 1980. The objectives were accomplished in the following manner. An overview of the objectives follow.

OBJECTIVE #1

To continue implementation of the Demonstration Model during FY 1980.

RESULTS

- Service continuity for Region III clients discharged from the state hospital has been enhanced by quarterly Region III hospital joint staffings, periodic site visits by staff to each other's facilities, and weekly case staffings for clients once they have arrived in Region III.

- A new cooperative apartment was opened on 9/15/79.

- A new yard work crew and clerical work crew have been created for the more chronic clients. The janitorial crew has continued, with prospects for an outside contract now being developed. Fourteen clients have progressed to competitive employment.

- A staff development program was implemented at Lewistown's Center for the Aged. A needs assessment of the Center's clients was also conducted.

- The CSP and Manpower staffs assisted Region III staff in writing a grant application for the training of volunteers as case managers. The application was successful, and training has begun.

- A working relationship has been developed between IHS officials on the Crow Reservation and Region III/state hospital staff regarding the chronically mentally ill Indian.

OBJECTIVE #2

To implement the State CSS Program Development Strategy during FY 1980.

RESULTS

- A workshop on the relationship between the legal and mental health systems was conducted in October 1979.

- Identification of the chronically mentally ill has now been mandated in the contracts of all five mental health regions.

- Region I has commenced participation in CSP as of 7/1/79. Staff has been designated in each of the subregional offices and on one Indian reservation, and six of the ten components have been targeted for special emphasis.

- The state's number of group homes has increased from eleven to fourteen. Development of group home facilities has been included in the state mental health plan.

- Attempts to secure alternate sources of funding for services to the chronically mentally ill have continued:

  - 314d funds were utilized for group home development.
  - Application was made for HUD section 202 special demonstration monies. The application was unsuccessful.
  - Some HUD section 8 rent subsidies have been obtained for Region III and IV clients.
  - Attempts to obtain funding for transportation (DOT section 18), group homes (FHA), and food stamps have been initiated by the statewide coordinator.

- Development of advocacy resources has commenced.

  - A brochure describing CSP has been written and widely distributed.
  - CSP staff and interested citizens have attended several conferences on consumer advocacy.
  - The Mental Health Association has been invited to assist in advocating for the chronically mentally ill.

OBJECTIVE #3

To Refine Local CSS Implementation Plan and State Program Development Strategy.

RESULTS

- Develop a report on special concerns of CSS minorities. This report has been completed and feedback obtained from the federal CSP office and the CSP advisory committee.

- Develop a plan for Community Support Project - Manpower Project collaboration. This plan has been completed, and will serve to coordinate the activities of the two projects.

OBJECTIVE #4

To Conduct state and local evaluations and report findings. To continue local evaluation activities and implement the state CSS evaluation process.

RESULTS

- Client-oriented evaluation:

  - The local client evaluation design has been implemented on schedule, and initial data analysis has been completed.
  - Data has been collected on the national instrument, and initial analyses completed.

- A comprehensive cost analysis comparing CSP clients ch state hospital patients has been completed.
- A demographic profile of the CSP client has been completed.

- System-oriented evaluation:

  - An instrument for assessment of component implementation has been developed.
  - Client movements along the residential continuum have been monitored.

- Submit evaluation reports. These reports have been submitted in the CSP annual report.

OBJECTIVE #5

To develop a management plan by 9/30/79.

RESULTS

- This plan was submitted on 9/10/79.

OBJECTIVE #6

To participate in the Learning Community Conferences by November 30, 1979.

RESULTS

- Attendance by Montana CSP staff at the November LCC was as follows:

1	state coordinator
2	regional coordinators
2	regional staff
1	consumer representative
1	minority representative

OBJECTIVE #7

To provide a progress report and CSS program development plan for year 03 to N.I.M.H. by November 1, 1979.

RESULTS

- These two reports were submitted on November 1, 1979.

OBJECTIVE #8

To provide a year-end report and executive summary by February, 1980.

RESULTS

- This report was submitted on February 1, 1980.

III. Goals and Objectives for 1981

A. Mental Health and Residential Services Division Goals and Objectives for 1981 (includes participation by Community Support Project and Manpower).

GOAL #1

The Mental Health and Residential Services Division shall maintain leadership in the orderly integration of a statewide service delivery network through:

- Coordination of public and private service agencies
- Encouragement of effective linkages between state agencies to maximize existing resources
- Articulation of the specific goals for service delivery system within the division.

OBJECTIVES

1. *To maintain and broaden an advisory committee to the Community Support Project by 9/30/81.*

2. *To develop formal written agreements that delineate specific agency responsibilities for provision of services in areas of overlapping statutory responsibility among state agencies by 11/30/80.*

3. *To develop a written document that clearly delineates the roles and responsibilities of the division central office, each institution and the community mental health programs by 3/15/81.*

4. *To develop for each institution and CMHC a Goals and Objectives Plan for FY 81 by 3/30/81, which includes quarterly reports to the Mental Health and Residential Services Division.*

GOAL #2

To promote and provide high quality services within state administered and private programs which emphasize the following population groups:

- Long term care populations
- Children
- Elderly
- Rural population
- American Indians

OBJECTIVES

1. *To participate in planning and conducting one statewide training event that focuses on the specific needs of each special population group by 6/1/81.*

2. *To assist the five CMHCs in applying for technical assistance grants from the HEW regional office for three or more special population groups by 6/1/81.*

3. *To assist relevant private advocacy groups in presenting or supporting appropriate legislation on behalf of each population group by 10/1/80.*

4. *To initiate two interstate (regional) programs or activities on behalf of each population group by 10/30/80.*

5. *To develop a written assessment of current community resources for seriously emotionally disturbed children in each region and identify service gaps by 3/1/81.*

GOAL #3

To continue implementation of Montana's deinstitutionalization policy of the mentally ill and developmentally disabled that is predicated upon:

- Promotion of prevention services at the community and institutional levels
- Provision of quality services within institutions for those appropriately requiring such services
- Community placement of inappropriately institutionalized persons through development of quality community support systems for aftercare.

OBJECTIVES

1. *To conduct, sponsor or co-sponsor at least one training event at each institution of the division by 6/1/81.*

2. *To develop a written staff development policy for each institution that addresses the priority training needs of that facility and the procedures for implementation of their training program by 3/30/81.*

3. *To assist the Community Support Project in the creation of a manpower and staff development plan for service providers to the chronically mentally ill by 3/1/80.*

4. *To develop resources available, to provide an appropriate education for all school-aged residents (ages 6-18) at each institution by 11/1/80.*

5. *To reduce inappropriate placements in institutional population by 15% by 6/30/81.*

6. *To develop, implement and monitor a working agreement between Warm Springs State Hospital and the five CMHCs by use of quarterly meetings of direct service providers' group by 6/30/81.*

7. *Develop a specific plan and timetable to transfer those prisoners who are inappropriately placed at the prison to the Forensic Unit at Warm Springs State Hospital; develop three alternatives to the present Forensic Unit at WSSH for presentation to the legislature; in cooperation with the Corrections Division, identify prison population in need of intense psychiatric treatment by 4/30/81.*

8. *By June 1981 the Mental Health and Residential Services Division will have conducted one joint public information activity with the Mental Health Association of Montana.*

GOAL #4

To provide unified, comprehensive services which include:

- Quality of care standards
- Are based on client needs
- Are cost effective and accountable
- Are evaluated

OBJECTIVES

1. *To develop a uniform statistical reporting system to be used by all institutions that is compatible with CMHC formats by 1/1/81.*

2. *To coordinate all agency reviews of community mental health and institutional programs to reduce duplication and inefficiency by 6/30/81.*

3. *To develop a policy regarding evaluation of institutional programs by division staff that includes criteria for such evaluation by 8/30/80.*

4. *To conduct a site assessment of each community mental health center by 10/30/81.*

5. *To review all budgets with the respective institution at least 30 days prior to being presented to the legislature.*

6. *To assess the degree to which the five CMHC Management Information Systems can be centralized and to implement such centralization as is feasible and appropriate by 1/1/81.*

7. *To develop a plan for increasing the number and quality of residential community resources in the state by 12/1/80.*

B. Community Support Project Goals and Objectives for 1981 (4/1/80-3/31/81)

GOAL

The primary goal for the Community Support Project is to further develop, refine, improve and evaluate the Community Support System in the demonstration area in Region III and throughout the state. The following objectives have been developed to implement this goal.

OBJECTIVES

1. *To continue to implement and refine the local CSS demonstration in Region III by 3/31/81.*

    a. *To make all ten CSS components systematically available during the fiscal year by 8/31/81.*

OBJECTIVES (continued)

b. *To assure CSP responsiveness to Native Americans, Hispanics and Asian Americans by 3/31/81.*

c. *To involve three regional advocacy resources, in providing services to the chronically mentally ill by 3/31/81.*

2. *To continue to increase the public education and employment opportunities for chronically mentally ill people by 3/31/81.*

3. *To develop agreements for state-level interagency collaboration and policy modifications regarding services for the chronically mentally ill people.*

4. *To continue to develop, refine, and implement the statewide program development strategy in Region II by 3/31/80; Region V by 9/30/80 and Region IV by 3/31/81.*

5. *To conduct five inservice training sessions for regional mental health providers with the Manpower Project by 3/31/81.*

6. *To gather data on Hispanics, Indochinese, and Native Americans who are chronically mentally ill, identify their needs and involve them in state/regional CSS activities by 3/31/81.*

7. *To document and evaluate outcomes of CSS efforts and report by 3/31/81.*

8. *To participate in the CSP learning community conference by 9/30/80.*

9. *To provide a progress report and year 04 program development plan to NIMH by 9/30/80.*

10. *To prepare a final report on the Community Support Project by 3/31/81.*

C. Manpower Goals and Objectives for 1981.

During the coming year, the Manpower Project will pursue specific objectives within ten "program areas". These program areas include most of the issues covered by 1980's ten objectives in a reorganized form. The

Project will not use a Goal Attainment Scaling evaluation methodology during 1981. Rather, overall progress of the Project will be evaluated by continual monitoring of specific, product-oriented activities within designated time periods. Measurement of the impact these activities have will be accomplished through evaluation studies designed around the "differential social program evaluation" strategy described by Tripodi, Fellin, and Epstein.

GOAL #1

To collaborate with CSP in the coordination of developing consultation and education relationships with mental and related agencies.

OBJECTIVES

1. *To develop a training/information format for mental health and DD day treatment providers by 6/1/80.*

2. *To develop a research project with CSP by 3/1/80.*

GOAL #2

To develop at state and local levels methodologies for ongoing mental health manpower planning.

OBJECTIVE

1. *To research the utilization potential of a manpower MIS with representatives of CMHCs, Center for the Aged and the state hospital by 11/1/80.*

GOAL #3

To improve the manpower pool with respect to prevention activities throughout the state.

OBJECTIVES

1. *To write a proposal for agency utilization in providing services for children of incarcerated parents by 12/31/80.*

2. *To develop and sponsor with the Office of Public Instruction a teacher's workshop on recognizing early signs of emotional disturbance in school children by 5/1/81.*

GOAL #4

To create a staff development plan for the CMHCs and each mental health institution in the state.

OBJECTIVES

1. *To develop a tentative three year plan for continuing education by 9/30/80.*

2. *To sponsor workshops on aging and mental health for employees at the Montana Center for the Aged and Montana Veteran's Home by 12/31/80.*

3. *To assist each CMHC in the development of at least one technical assistance grant for continuing education/staff development by 6/30/81.*

4. *To sponsor a workshop on DSM III for clinicians in the CMHCs and institutions by 6/30/80.*

GOAL #5

To plan, develop and implement a recommended professional persons certification law which provides the framework for licensing certification of mental health professionals.

OBJECTIVES

1. *To make recommendations to the Department of Institutions by 9/1/80.*

2. *To make recommendations to the Occupational Licensing Bureau by 11/30/80.*

GOAL #6

To influence the development of paraprofessional utilization and training.

OBJECTIVES

1. *To survey the current paraprofessional activities by functional job analysis methodology by 6/30/80.*

2. *To publish a report on the utilization of paraprofessionals and disseminate to appropriate agencies by 9/30/80.*

GOAL #7

To promote volunteer program development throughout the State of Montana.

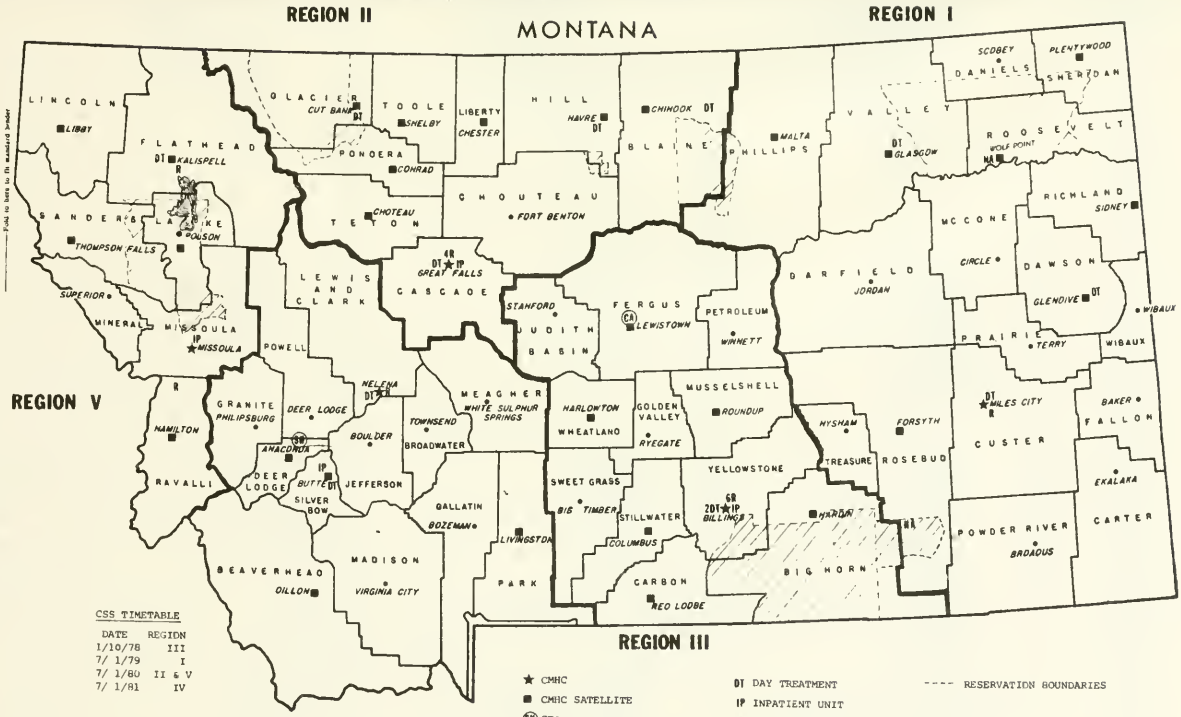
OBJECTIVES

1. *To sponsor a seminar for CMHC and institution employees on the use of volunteers in service delivery by 10/30/80.*

2. *To prepare a position paper for the development of a handbook/ manual for all CMHC board members, 9/30/80.*

ATTACHMENTS

MENTAL HEALTH SYSTEM (as of 3/1/79)



ATTACHMENT 2

NATIVE AMERICANS SERVED IN

MENTAL HEALTH CENTERS IN MONTANA

1979

Region	Unduplicated Clients seen	Unduplicated Native Americans seen	Percentage
I*	2,272	207	9.0
II	3,582	276	7.7
III**	2,340	74	3.2
IV*	1,716	39	2.3
V	2,672	94	3.5
TOTAL	12,582	690	5.0

* Estimated

** 6 months count 6/30/79 - 12/1/79

ATTACHMENT 3

Comprehensive Community Mental Health Centers in Montana where Native American (Indian) Population is over 2500 or over 2% of Catchment Area Population.

TABLE III - INDIANS SERVED IN 1978

Center (Headquarters)	Percent Indian Population is of Total Catchment Pop.	Number of Indians Seen in Center During 1978	Percent Indians Seen Were of Total Caseload During 1978
Miles City, MT	9.7	483	15.9
Great Falls, MT	8.4	254	8.2
Billings, MT	3.8	106	4.6
Missoula, MT	3.6	142	4.0

TABLE IV - INDIANS EMPLOYED IN CENTER AS OF MARCH, 1979

Center (Headquarters)	Percent Indian Population is of Total Catchment Pop.	Number of Indians Employed in Center As Of March, 1979	Percent Indians Employed Were of Total Staff of Center
Miles City, MT	9.7	2	4.8
Great Falls, MT	8.4	8	10.7
Billings, MT	3.8	1	1.4
Missoula, MT	3.6	1	2.2

TABLE V - INDIAN REPRESENTATION ON ADVISORY BOARDS AS OF MARCH, 1979

Center (Headquarters)	Percent Indian Population of Catchment Pop.	Number of Indians on Governing Board	Number of Indians on Advisory Boards to Center
Miles City, MT	9.7	0	18
Great Falls, MT	8.4	0	7
Billings, MT	3.8	0	2
Missoula, MT	3.6	0	4

ATTACHMENT 4

MHRSD: Mental Health Advisory Committee

NAME	CLASS	RESIDENCY	OCCUPATION	AREAS OF INTEREST
Eva VanArsdale	1,3	Billings	Advocate	President, M.H.A.
Irv Chattim	1,4	Helena	Consultant	Ethnic Minorities, Elderly, Mental Hlth
Norma Ashby	1,3	Great Falls	News Commentator	Mental Health Assn.
Jeanne Porter	1,2,3	Helena	Program Director	Mental Health
John Allen	2,4	Helena	Program Director	ACTION
Zella Jacobsen	1,2,3	Great Falls	Psychiatric Nurse	Montana Nursing Assn.
Dee Ann Cooney	1,3	Butte	Copywriter	Youth

1 - Representatives of consumer, including clients and their families

2 - Provider

3 - Representatives of non-government organizations or groups

4 - Representatives of state agencies

APR 7 1980

ATTACHMENT 5

April 1, 1980

Peter S. Blouke, Administrator
Mental Health and Residential Services Division
Department of Institutions
1539 11th Avenue
Helena, MT 59601

Dear Dr. Blouke:

The Ad Hoc Montana Mental Health Advisory Committee has reviewed the 1981 State Mental Health Plan - Addendum as submitted by the Mental Health and Residential Services Division.

The Committee approves the plan with the following recommendations:

1. An objective be written regarding a joint public information activity with the Mental Health Association of Montana.

2. Specific examples be given in regard to "more services"; "better services" and "discontinued services."

3. The goal and objective format is consistent throughout the document.

4. The objectives should all have timelines.

Thank you for your cooperation.

Respectfully,

Eva Van Arsdale

Eva Van Arsdale, Chairperson
Ad Hoc Mental Health and Advisory Committee

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